This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

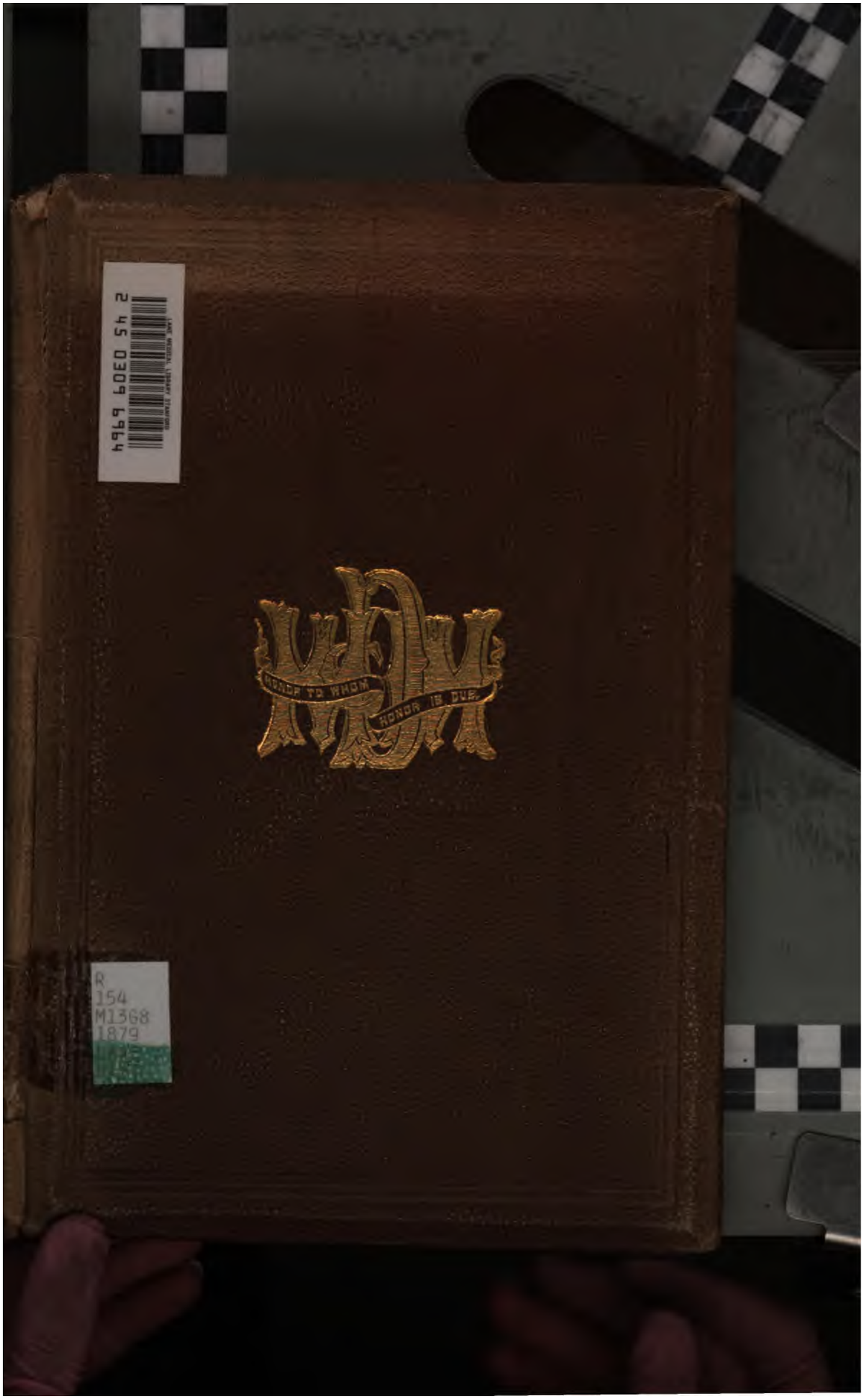
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`


HONOR TO WHOM HONOR IS DUE

LANE

MEDICAL LIBRARY

LEVI COOPER LANE FUND

—PRESENTED TO—

The New York Academy of Medicine.

By

The Society of the New York Hospital,

March, 1898.

LANE

MEDICAL LIBRARY

LEVI COOPER LANE FUND

PRESENTED TO

The New York Academy of Medicine.

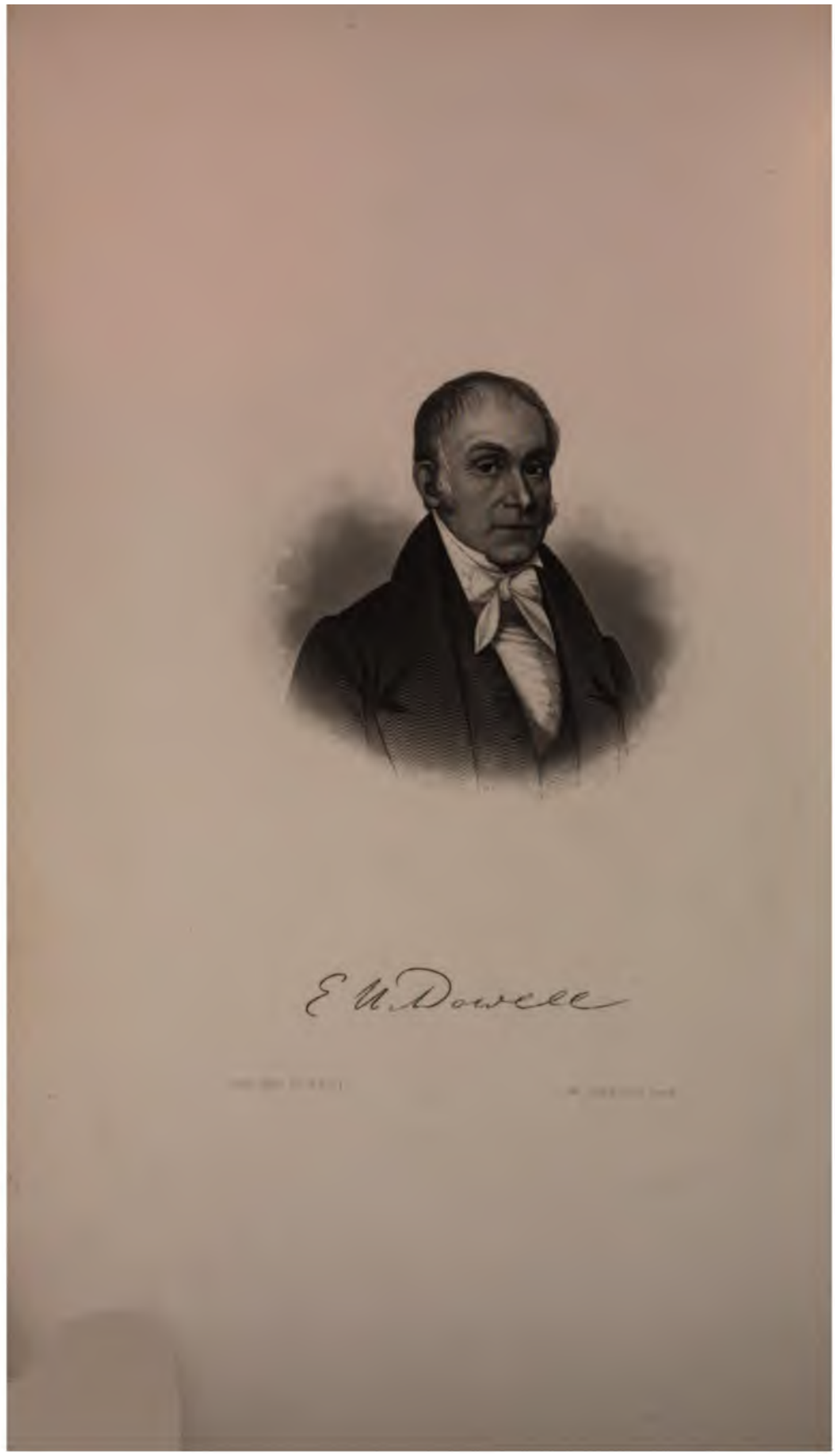
By

The Society of the New York Hospital,

March, 1898.

D.

LANE MEDICAL LIBRARY
300 PASTEUR DRIVE
PALO ALTO, CALIF. 94304



E. H. Dowell

5884

MEMORIAL ORATION

IN HONOR OF

EPHRAIM McDOWELL

"THE FATHER OF OVARIOTOMY."

BY

LANE LIBRARY

SAMUEL D. GROSS, M.D., LL.D., D.C.L., OXON.

DELIVERED AT DANVILLE, KY., AT THE DEDICATION OF THE MONUMENT ERECTED TO THE MEMORY OF DR. EPHRAIM McDOWELL BY THE KENTUCKY STATE MEDICAL SOCIETY, MAY 14, 1879.

LANE MEDICAL LIBRARY
14775
SAN FRANCISCO

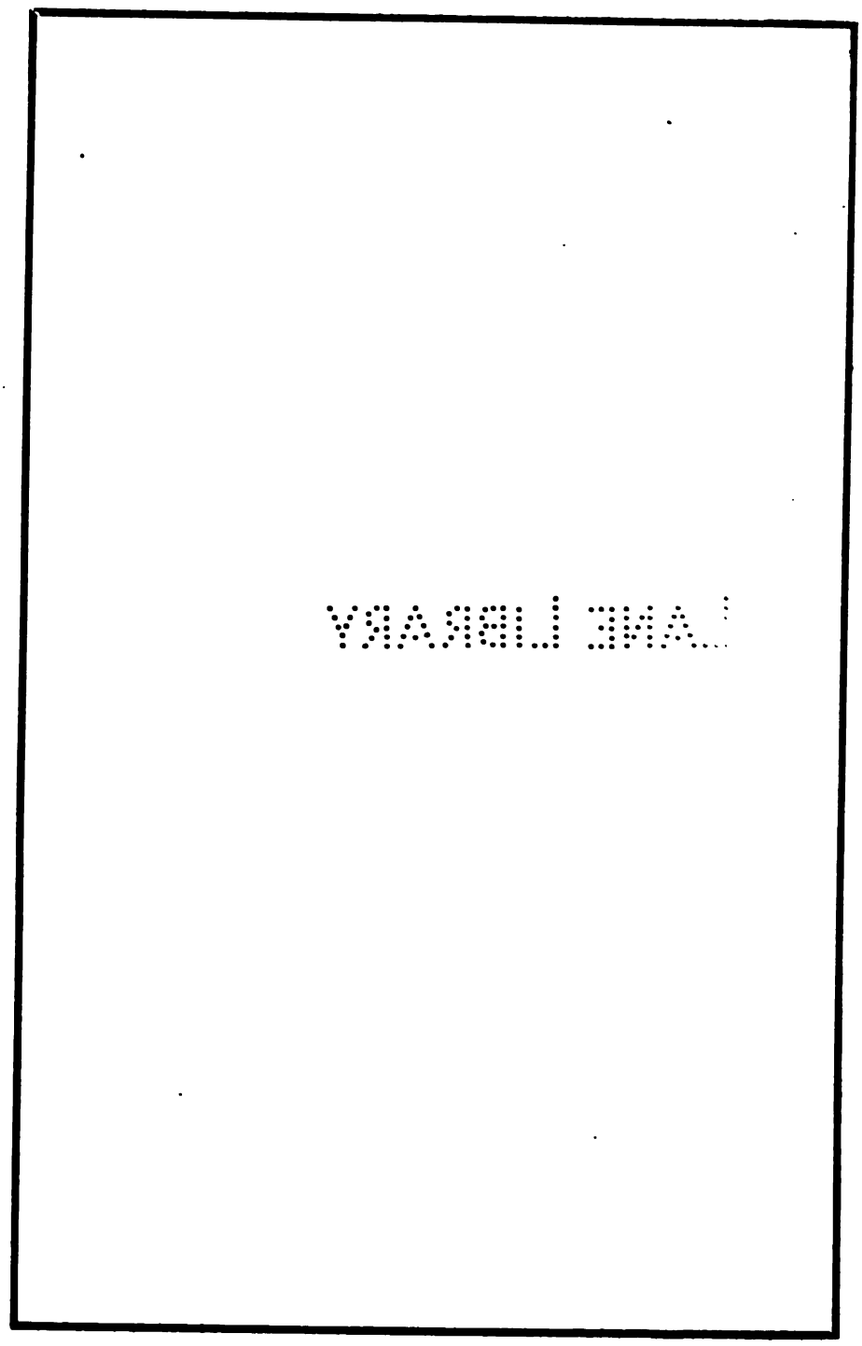
Published by the Society.

THE
PROPERTY
OF THE
N. YORK HOSPITAL.

LOUISVILLE, KY.:
PRINTED BY JOHN P. MORTON AND COMPANY.
1879.

K

LANE MEDICAL LIBRARY


LANE LIBRARY

H154H
M13G8
1879

PREFACE.

That Dr. EPHRAIM MCDOWELL, of Danville, Ky., was the first to perform the operation of ovariotomy, and by his successful cases make the extirpation of diseased ovaria a legitimate surgical procedure, has long been conceded both in this country and in Europe. To Dr. S. D. Gross, of Philadelphia, is due the credit of successfully establishing the claims of MCDOWELL to priority in this important field of surgery.

The idea of marking the last resting-place of the first ovariotomist with some memorial commemorative of his great services to humanity originated with the late Dr. John D. Jackson, of Danville, and was brought by him to the attention of the Kentucky State Medical Society, and from thence before the American Medical Association. Quite a number of subscriptions were made to this object by members of the National Association, but at the meeting in Louisville, in 1875, the Association adopted a resolution creating a Prize-essay Fund for the perpetuation of MCDOWELL'S great

achievement. The resolution left to the profession of Kentucky the work of placing some local memorial over his grave. The death of Dr. Jackson occurring soon afterward, the Kentucky State Medical Society intrusted the work to Dr. Lewis S. McMurtry, of Danville, the pupil and friend of Dr. Jackson. To his energy and perseverance, under many discouraging circumstances, the complete and perfect success of the enterprise is attributable. In addition to those made by the members of the Kentucky State Medical Society subscriptions toward the erection of a monument to McDowell were made by Dr. Samuel D. Gross and the late Dr. Washington L. Atlee, of Philadelphia, the late Dr. Edmund R. Peaslee, of New York, and Dr. J. A. Murphy, of Cincinnati.

The monument is a handsome shaft made from Virginia granite. Midway on the shaft is a bronze medallion of McDowell, and beneath the medallion his monogram with the motto, "Honor to whom honor is due." Upon the front face of the monument is the following inscription, encircled with a laurel wreath: "A grateful profession reveres his memory and treasures his example." On the opposite side is inscribed, "Erected by the Kentucky State Medical Society, 1879." On the eastern face this inscription: "Beneath this shaft rests Ephraim McDowell, M.D.,

the 'Father of Ovariotomy,' who, by originating a great surgical operation, became a benefactor of his race, known and honored throughout the civilized world." The western face is devoted to the historic inscriptions as follows, being encircled with the Æsculapian serpent: "Born in Rockbridge County, Virginia, 1771; attended the University of Edinburgh 1793; located in Danville, Ky., 1795; performed the first ovariotomy 1809; died 1830." The monument is beautifully located near the center of the city of Danville, in a park of several acres, which, by subscription of the citizens of that place, has been beautified and made suitable for the purpose.

The dedication of the monument occurred on the 14th of May, during the session of the Kentucky State Medical Society at Danville. These services, which were unusually interesting and imposing, this volume is intended to perpetuate. An immense audience assembled to witness the dedicatory services, and thus honor the memory of a great man, being composed of the members of the Society, and ladies and gentlemen from all parts of the State. In addition to the members of the Kentucky State Medical Society, the speakers, the Governor of Kentucky, the Secretary of State, and other officials, the following well-known physicians and surgeons of other States occupied seats

on the platform: Dr. Gilman Kimball, Lowell, Mass. (who has performed ovariotomy two hundred and thirty-nine times); Dr. V. P. Gibney, New York; Drs. Whittaker, Seely, Ayres, and Stevens, of Cincinnati, and McDowell, of St. Louis.

The committee regrets exceedingly that a letter addressed it by Dr. Fordyce Barker, President of the New York Academy of Medicine, failed to reach its destination.

The committee take pleasure in expressing thanks to D. Appleton & Co., publishers, New York, for their kindness in furnishing at cost the engraving of Dr. McDOWELL, which serves as a frontispiece to this volume.

COLEMAN ROGERS,
PRESTON B. SCOTT,
J. W. HOLLAND,
Committee of Publication.

LOUISVILLE, KY., May 17, 1879.

DR. L. S. MCMURTRY, CHAIRMAN MCDOWELL MONUMENT COMMITTEE, DANVILLE:

Dear Sir—In accordance with the resolution adopted by the Kentucky State Medical Society on the 15th of May, I would respectfully request you to forward me for publication the Proceedings of the McDowell Memorial Exercises, held in your city on the 14th instant.

I am, very respectfully,

COLEMAN ROGERS,
Chairman Committee of Publication.

DANVILLE, KY., June 19, 1879.

DR. COLEMAN ROGERS, CHAIRMAN OF THE COMMITTEE OF PUBLICATION, LOUISVILLE:

Dear Sir—I have the honor to send herewith the Proceedings connected with the Dedication of the McDowell Monument, as requested in your favor of the 17th instant.

I am, yours, etc.,

L. S. MCMURTRY,
Chairman McDowell Monument Committee.

HONOR TO WHOM
HONOR IS DUE.

DEDICATORY ADDRESS.

By Prof. SAMUEL D. GROSS, M.D.

Gentlemen of the Kentucky State Medical Society, Ladies, and Gentlemen:

Nearly fifty years ago the citizens of Danville, then a small, obscure village, carried to its last resting-place all that was mortal of the man whose monument will henceforth mark an era in the history of the medical profession and of the people of Kentucky. The announcement of his death, after a brief illness, in the fifty-ninth year of his age, on the 20th of June, 1830, caused deep and wide-spread grief in the community in which he had so long lived, and of which he had been so conspicuous, honored, and beloved a member. By none was his loss more profoundly deplored than by the poor of Danville and its neighborhood, who had been so frequently benefited by his skill and so frequently the recipients of his bounty. Many a tear was shed as the body was tenderly laid in the earth, and many a sigh was heaved as the reflection came that the mantle of such a man would be long in finding worthy shoulders. Of those who were present on that melancholy occasion, one after another has disappeared. New generations have sprung up, and a scene that wrapped a whole community in sorrow and

caused general regret in the American medical profession is with most of the people of this section of Kentucky a mere tradition. The marble slab erected by the hand of affection over the mortal remains bears the simple but significant inscription, EPHRAIM McDOWELL.

Who was this man, this EPHRAIM McDOWELL, in honor of whose memory we have assembled here this evening? Was he a hero whose body was scarred as he was leading his armies in the defense of his country? Was he a great magistrate, meting out justice to his fellow-citizens, protecting their rights, and wisely interpreting their laws? Was he a legislator, devising means for the development of the resources of his state, and the promotion of the happiness of society? Was he a great senator, like Clay or Crittenden or Webster, expounding the constitution and convulsing the American people by the power and majesty of his eloquence? EPHRAIM McDOWELL was not any of these, and yet he was none the less a good or a wise man, nor is he any the less entitled to the world's gratitude. Following the noble vocation of a practitioner of the healing art, liberally dispensing alike to poor and rich the blessings of his knowledge and of his skill, he silently pursued the even tenor of his way, a faithful servant of his profession, with no ambition for meretricious distinction. It was here, on this very spot, that he achieved that renown which so justly entitles him to be ranked among the benefactors of his race. It was here, while engaged in the daily routine of his

calling, that he performed an exploit which no one had ever achieved before, and which, although for a long time denounced and condemned by many otherwise enlightened surgeons and practitioners as an outrageous, if not murderous, innovation, is now universally admitted as one of the established procedures in surgery; an operation which, in its aggregate results in the hands of different surgeons, has already added upwards of forty thousand years to woman's life, and which is destined, as time rolls on, to rescue thousands upon thousands of human beings from premature destruction.

EPHRAIM MCDOWELL will be regarded in all time to come as the "Father of Ovariotomy," and as one of the master spirits of his profession. We are here this evening to place upon his tomb a wreath of immortelles expressive of our admiration and respect, and of the gratitude of more than two thousand women rescued from an untimely grave by his operation. That his claims to this distinction are well founded the history of this operation abundantly attests. For a long time it was thought that other surgeons had anticipated him in this undertaking, but all the doubt that had hung over the subject was at length completely dispelled in 1852 in an address which I had the honor to read before the Kentucky State Medical Society at its annual meeting at Louisville, entitled "A Report on Kentucky Surgery." In the prosecution of my inquiries I became deeply interested in the subject of ovariotomy, and especially in the claims of MCDOWELL

as its originator. With this end in view I engaged in a long and laborious correspondence, in which I was kindly assisted by Professor Daniel Drake, Dr. William Galt, and Dr. William A. McDowell, a nephew and at one time a partner of the great surgeon. Letters were addressed to physicians in different parts of the State, and also to the surviving members of Dr. McDowell's family, asking for information respecting the number and results of his cases, as well as the names and residences of his patients, and any other intelligence calculated to throw light upon his life and character; matters concerning which, up to that period, hardly any thing definite was known. These documents are still in my possession, and will probably at no distant day be given to the public.

When this investigation was begun the origin of this operation was generally ascribed to a French surgeon, L'Aumonier, of Rouen, who, it was contended, had performed it in 1776, when McDowell was hardly five years old. More recently the honor has been claimed by our British brethren for Dr. Robert Houston, of Glasgow, whose name appears in connection with an operation upon the ovary as early as 1771. The operation, however, has been found upon a careful examination of the history of the case to be entirely different from that of the Kentucky surgeon. The case was simply one of ovarian tumor, the contents of which were partially evacuated by an incision made through the abdomen, the cyst itself being left behind.

These and other pretensions that have been set up by different nationalities are wholly unsupported by facts; for a careful study of the cases which have been reported by their respective operators will serve to convince any unprejudiced mind that, so far from being examples of ovariotomy, they were simply instances of cystic tumors, similar to those already mentioned in connection with the names of L'Aumonier and Houston. Indeed a considerable number of such operations were performed during the last century, chiefly by French, German, and English surgeons, or, as they would now call themselves, if living, gynecologists.

The first actual case of ovariotomy of which there is any authentic account occurred in this town in December, 1809, in the hands of EPHRAIM MCDOWELL, and to him and to him alone is due the credit of having devised and first successfully executed the operation. All honor, then, we say, to the man who thus paved the way to a new path of humanity, since so nobly trodden by his successors! All honor to the man who had the courage and skill to do that which no man had ever dared to do before! All honor, too, to the heroic woman who, with death literally staring her in the face, was the first to submit calmly and resignedly to what certainly was at the time a surgical experiment. To her, too, let a monument be erected, not by the Kentucky State Medical Society or by the citizens of Kentucky, but by suffering women who, with her example before them, have been the recipients of the inestimable boon of

ovariotomy, with a new lease of their lives and with immunity from subsequent discomfort and distress. I know of no greater example in all history of heroism than that displayed by this noble woman in submitting to an untried operation. McDowell himself must have been startled, if not absolutely abashed, when he found how willing she was, after he had depicted to her, in the most glowing colors and in the strongest and plainest language, the risks of the operation. When a surgeon, however experienced or skillful, meets with a desperate case, and finds that, after having informed his patient, that if an operation be performed, it will be likely to destroy him, he is willing and ready to incur the risk, his heart often fails him and he deeply regrets that the poor sufferer ever fell into his hands. So no doubt McDowell felt upon this occasion. "Having never," he said, "seen so large a substance extracted nor heard of an attempt or success attending any operation such as this required, I gave to the unhappy woman information of her dangerous situation. She seemed willing to undergo an experiment, which I promised to perform if she would come to Danville, the town where I live, a distance of sixty miles." She did come, and the experiment, as McDowell very properly calls it, was, as already stated, performed. A rapid recovery ensued, and the patient, Mrs. Crawford, a Kentucky lady, survived the operation thirty-two years, enjoying for the most part excellent health, and dying at length in the seventy-ninth year of her age. Thus, it will be

seen, this heroic and courageous woman owed nearly two-fifths of her life to the skill and care of her surgeon. Our admiration of this noble woman is greatly enhanced when we reflect that the operation was performed without the aid of anesthetics, which were not introduced into practice until a third of a century afterward, as is our admiration of the surgeon when we recall the fact that he had no trained assistants to aid him in his work, executed despite the most strenuous and persistent efforts to persuade him from undertaking it.

It is not a little remarkable that no account of this operation was published until eight years after it was performed. Whether this was due to inherent modesty on the part of McDOWELL, to indifference to fame, to sheer apathy, to an aversion to writing, or to fear of criticism, to which such an undertaking, without a precedent in the annals of surgery, would necessarily expose him, it would be idle to conjecture. It is sufficient for my purpose to know that the first notice of it appeared, in 1817, in the Philadelphia Eclectic Repertory and Analytical Review. The communication, which covered not quite three octavo pages of printed matter, was entitled "Three Cases of Extirpation of Diseased Ovaria," and was drawn up so loosely and carelessly as to be well calculated to elicit adverse criticism, as indeed it speedily did both at home and abroad in a way not at all calculated to reflect credit upon the author as a literary and scientific man. The details of the cases were singularly mea-

gre; there was nothing said respecting their origin, progress, or diagnosis, and even the operations themselves were very imperfectly described. If such operations had been performed in our day the most minute circumstances would have speedily found their way into print. The fact is McDOWELL possessed no facility as a writer, and he lacked that grace of diction and power of expression so well adapted to impart interest even to the driest details, and which can be acquired only by long practice. In a word, he was a stranger to the pen and had no fancy for its use. Writing was a great bore to him; a compulsory necessity. The report of his cases soon after its publication was severely criticised, and an attempt was made to throw discredit upon his statements, or, in other terms, to impugn his veracity. Had McDOWELL lived in our day, when intelligence flashes with lightning speed, not only from one section of the country to another but from continent to continent, such an occurrence would not have been possible.

Dr. James Johnson, the very able and learned editor of the London Medico-Chirurgical Review, a journal widely circulated both in Great Britain and in the United States, was especially savage and satirical. He could not imagine it to be possible that an American surgeon, living in a small, obscure village in the wilds of Kentucky, or in the backwoods of America, as he expressed it, could perform such an operation, or become a pioneer in a new branch of surgery. In commenting upon McDOWELL's first case, especially

upon the wonderfully rapid recovery of the patient, he exclaims, apparently in holy horror and with uplifted hands, "*Credat Judæus, non ego.*" In a subsequent article, published in 1827, Johnson again calls attention to McDOWELL's cases, adding that of five cases reported four had recovered and only one had died. "There were circumstances," remarks this Cerberus, "in the narratives of some of the first cases that raised misgivings in our minds, for which uncharitableness we ask pardon of God, and of Dr. EPHRAIM McDOWELL, of Danville." It is presumable that this frank and manly recantation on the part of a man who occupied so elevated and influential a position as the editorship of the most widely read medical journal in the world had some effect in controlling professional sentiment and inspiring confidence in the declarations of a surgeon whom he had only a few years before denounced as a backwoods operator unworthy of credence. Nevertheless Dr. McDOWELL had for a long time no imitators. Among those who, on this side of the Atlantic, had the courage to follow in his footsteps, were Nathan Smith, of New Haven, in 1821, Alban G. Smith, a partner of McDOWELL, in 1823, and Dr. David L. Rogers, of New York, in 1829. All of the cases terminated favorably. McDOWELL himself, as clearly as I could determine in preparing my report on Kentucky Surgery, operated altogether thirteen times, with the result of eight cures, four deaths, and one failure, due to an inability to complete the operation on account of extensive adhesions of the

tumor; a degree of success which, considering the fact that he had no precepts except his own experience to guide him, was eminently creditable to his judgment, care, and skill, and which, although exceeded in recent times, was for a third of a century pretty much the average in the hands of his followers, both in America and in Europe. If we go to the other side of the Atlantic we shall find that the first attempt at ovariotomy in Great Britain occurred in the practice of Mr. John Lizars, of Edinburgh. This gentleman in 1825 published a beautiful monograph upon the subject, in which he gave a detailed account of four cases, with two recoveries, one death, and one an utter and disgraceful failure, due to an erroneous diagnosis, both ovaries being perfectly sound. Mr. Lizars, who was a surgeon of considerable note in his day, was led to turn his attention to this subject from having read an account of McDOWELL'S operations, which had accidentally fallen into his hands during the absence of Mr. John Bell, McDOWELL'S old preceptor, upon the continent, from which he never returned. The brochure here referred to was, there is reason to believe, of great service in calling to the subject the attention of European surgeons generally, the more especially as it embraced a full report of the Kentucky cases, which, up to that period, had lain, as it were, in a state of dormancy. Nothing, however, of any moment was done any where, either at home or abroad, until 1842, when ovariotomy received a new impulse at the hands of Dr. Charles Clay, of Manchester, England, followed

shortly after by Dr. Frederick Bird, of London, and the two brothers Atlee, John and Washington, of Pennsylvania, the first case of the former having occurred in 1843 and that of the latter in 1844. To these gentlemen is unquestionably due the great merit of reviving the operation and of placing it upon a firm and immutable basis as one of the established procedures in surgery. Their attempts to generalize the operation met every where with great opposition and even obloquy. Dr. Clay, who introduced it into England, in referring to the subject, states that he had to wade through much vexatious opposition, great misapprehensions, and gross misunderstandings; and the experience of Dr. Washington L. Atlee was still more trying and annoying. In an address which he delivered in 1872 before the Philadelphia County Medical Society, entitled "'A Retrospect of the Struggles and Triumphs of Ovariotomy in Philadelphia," he depicts in glowing language the obstacles which this operation had to encounter in this country and in his own city. "Ovariotomy," he exclaims, "was everywhere derided. It was denounced by the general profession, in the medical societies, in all the medical colleges, and even by the majority of my own colleagues. I was misrepresented before the medical public, and was pointed at as a dangerous man, and even as a murderer. The opposition went so far that a celebrated professor, a popular teacher and captivating writer, in his public lectures, invoked the law to arrest me in the performance of this operation." This ran-

ANE MEDICAL LIBRARY

corous opposition, however, founded as it was upon ignorance and prejudice, gradually wore away, and the men who were most clamorous in keeping it up either disappeared from the active scenes of life, or yielded gracefully to the light of reason and experience. Dr. Clay, writing in 1874, states that he had operated upon two hundred and seventy-six cases, while those of Dr. Atlee, at the time of his death, less than a year ago, amounted to three hundred and eighty-seven. Mr. T. Spencer Wells, of London, whose brilliant career as an ovariotomist began in 1858, wrote to me on the 29th of April, 1879, that he had just had his nine hundred and thirty-eighth case. Mr. Thomas Keith, of Edinburgh, whose career in this field of surgery is also wonderfully brilliant, informs me, in a letter written a short time previously to that of his English *confrère*, that he had operated up to that date two hundred and eighty-four times. Dr. John L. Atlee has operated fifty-seven times; Dr. Alexander Dunlap, of Ohio, one hundred and forty-three times; Edmund R. Peaslee, seventy-seven times; Professor T. Gaillard Thomas, one hundred and twenty-six times, and Dr. Gilman Kimball, the oldest and most renowned American ovariotomist since the death of Dr. Washington L. Atlee, two hundred and forty times. Professor Briggs, of Nashville, who has operated upwards of fifty times, recently had three cases of ovariotomy on the same day, the patients living within a short distance of each other.

It is an interesting fact with regard to the history

of ovariotomy in this country that Dr. John L. Atlee's first operation, performed in 1843, was also the first operation in which both ovaries were removed. In the report of this remarkable case, an unusually elaborate one, in the American Journal of the Medical Sciences for January, 1844, after instituting a comparison between this and other capital operations, Dr. Atlee makes a strong appeal in favor of ovariotomy. "Let this operation," he says, "but be placed upon its legitimate basis, and let it receive that attention from the profession which has been devoted to other departments of surgery, and we shall soon arrive at such a knowledge of the proper time and manner of operating, and before those complications exist which render it impracticable, as will be the means of saving many unfortunate and hopeless victims." When this operation was performed Dr. Atlee was not aware of the cases that had occurred in England in the practice of Dr. Clay and Mr. Walne, and he informs me that he would never have performed it if he had not studied with great care the report of McDowell's cases. The success of his operation, one of the most brilliant on record, induced him and his brother to repeat it on the first favorable opportunity, despite the opposition and clamor of their professional brethren. Up to 1850 only eighteen American surgeons, including the originator, had performed this operation. In 1855 it received a new impulse from the publication of Dr. Washington L. Atlee's first thirty-five cases, and in the following year appeared the admirable prize essay of Dr. George H. Lyman, of

Boston, entitled "The History and Statistics of Ovariotomy," embracing a summary of three hundred cases, being all that were then known as having occurred in different parts of the world. On the continent of Europe ovariotomy made, until recently, very slow progress, although Chrysmar, of Germany, had performed it three times before the close of 1820, and consequently several years before it was attempted by Lizars, of Edinburgh. In France it was performed for the first time in 1847. In these countries, as in the United States and Great Britain, it was long denounced as an unsafe and improper operation, and that this should have been the case is not surprising when we consider the enormous mortality which attended it, even in the hands of many of the most accomplished surgeons. The results of late years, however, have been more encouraging, and have been particularly flattering in the hands of Koeberlé, of Strasbourg, Shroeder, of Berlin, and Skoeldberg, of Sweden, not to mention others. Ovariotomy is no longer on trial; it has successfully passed that ordeal, and is now performed in every country of the earth where civilization has carried the blessings of scientific medicine.

The frequency of ovarian diseases is appalling; far greater, indeed, than it is generally supposed to be. One surgeon alone, Dr. Clay, of England, declares that he had examined within a single decade eight hundred and fifty cases! Who, in view of these occurrences, will deny the blessings of ovariotomy, especially when we take into consideration the fact that

few women laboring under maladies of this kind live longer than about four years, unless relieved by surgical interference?

The mortality of this operation is worthy of brief notice in connection with Dr. McDOWELL's name and fame. His own cases—thirteen in number, with eight cures, four deaths, and one failure to complete the operation on account of extensive adhesions—show an astonishing degree of success when we recollect all the circumstances attending them, especially the operator's own inexperience, and the absence of any rules to guide him in his undertakings. For a number of years after McDOWELL's death the mortality in the hands of different surgeons exhibited but little improvement upon that in his own practice. Thus, of one thousand four hundred and eight cases collected by me in 1872, from various sources, native and foreign, four hundred and fifteen died, affording a mortality of twenty-four per cent, or one death in every three and two fifth cases. That the results of the operation are materially influenced by the manner in which it is performed, and by the previous and subsequent treatment, is a fact long since fully established. Thus, if we take the statistics of one hundred cases in the hands of so many different surgeons, men who have no experience in such cases and who follow the ordinary method of operating, the mortality will be found to be enormous, just as it would be likely to be under similar circumstances in any other grave operation, as lithotomy, the larger amputations, tre-

phining of the skull, and the ligation of the larger arteries. No one will deny that experience is a most important factor in saving or destroying life in all the more serious, severe, or capital operations. The results of ovariotomy in the hands of professed or skilled ovariotomists, men who make a specialty of abdominal surgery, are among the greatest triumphs of our art, entitling them to be ranked among the noblest benefactors of the present day, or indeed of any day. The cases of Washington L. Atlee, Charles Clay, T. Spencer Wells, Thomas Keith, Gilman Kimball, Alexander Dunlap, T. Gaillard Thomas, and others, are counted, not by tens or twenties or thirties, but by hundreds. It is this enormous multiplication of cases that makes these men such experts and that gives them such a superiority over those whose practice is comparatively limited. One of the most gratifying circumstances connected with this operation is the gradually decreasing mortality even in the hands of the most successful surgeons. This is strikingly shown, to go no farther, by the statistics of Dr. Clay, of Manchester, who, as previously stated, introduced ovariotomy into England. Of the first twenty cases the death-rate was one in two and one half; of the second twenty, one in three and one third; and of the last thirty-one, one in four. In Mr. Wells's cases the same gratifying results are apparent, and so also in those of Mr. Keith, of Edinburgh. Who will dare to assert that these triumphs are not due to superior skill in operating, and to increased care and experience, and not to the selection

of the cases, although this will doubtless, now that the diagnosis between innocent and benign ovarian diseases is so well established, have its influence?

The attention bestowed upon the after-treatment must necessarily exert a powerful influence upon the patient's fate. All the professed ovariotomists employ trained and experienced nurses and personally superintend their cases from first to last. Mr. Keith, in referring to this subject, says, "No one knows the anxiety that ovariotomy has given me, nor the time and thought and care I have bestowed on the patients." There can be no doubt that the chances of recovery after the operation are greater when the patient is treated in a private hospital, situated upon airy ground, and provided with all the means and appliances which such an institution ought to possess. This fact has been strikingly exemplified in the practice of Mr. Keith and also in that of Mr. Wells while he was in charge of the Samaritan Hospital, London.

Leaving out of the question the results of less experienced ovariotomists, what can be more wonderful than the results of Mr. Keith's cases—two hundred and eighty-four—with a mortality of only thirty-five, or one death in about eight operations? Of the last one hundred and fifty-eight cases only twelve succumbed; of the last seventy-seven only thirteen, and of the last forty-nine not one, thus verifying his assertion that "this long-despised operation is now the safest of all the great surgical operations, at least judging from these results." The statistics of the oper-

ations of Mr. Wells are equally astonishing. Both these surgeons are now making constant use of antiseptics, notwithstanding they obtained most brilliant results from the ordinary treatment, conducted with that care which their increasing experience had taught them to employ. Mr. Keith does not hesitate to ascribe much of his wonderful success in his late cases to the efficacy of antiseptics. Mr. Wells, in the letter previously referred to, says: "I began the year 1878 with the eight hundred and eighty-eighth case, by adopting the antiseptic system of Lister, and have kept it up ever since, the result of forty-five cases being forty recoveries and five deaths. The recoveries have taken place, as a rule, without fever." "I believe," he adds, "that the antiseptic system will certainly reduce mortality and expedite convalescence." Of the thirty-eight cases of the ninth hundred, the number operated upon by Mr. Wells up to April 29, five, he informs me, have died, and thirty-three are well or convalescing. Of Mr. Clay's two hundred and seventy-six cases two hundred recovered and seventy-six died. Koeberlé, during the last four years, operated one hundred times with eleven deaths.

The mortality in Dr. Washington L. Atlee's three hundred and eighty-seven cases was, as I am informed by his son-in-law, Dr. Thomas M. Drysdale, about thirty per cent, which, considering that he did not select his cases, and frequently had no opportunity of superintending the after-treatment, always a matter of such great moment in every severe operation, may be re-

garded as a fair average. Dr. John L. Atlee's fifty-seven cases show forty recoveries and twelve deaths, with five failures to complete the operation on account of extensive adhesions. Of Dr. Dunlap's one hundred and forty-three patients one hundred and twelve recovered and thirty-one died. Of Dr. Peaslee's seventy-seven operations the results of twenty-eight only are positively known, and of these nineteen recovered and nine perished. J. Taylor Bradford had thirty cases with three deaths. Professor T. Gaillard Thomas's one hundred and twenty-nine cases show ninety-six recoveries and thirty-three deaths. The mortality of Dr. Kimball's cases is in the ratio of one to four; of his last twenty-four cases twenty-one have recovered and three have died.

It would be foreign to my purpose, in an address like this, and especially before such an audience, to speak of the causes which mainly influence the results of this operation; but there is one circumstance to which I can not forbear alluding. I refer to the importance of establishing in every case, before an operation is attempted, a correct diagnosis. Fortunately this can now be done, with proper care, almost in every instance, with the aid of the microscope. Dr. Thomas M. Drysdale, availing himself of the great opportunities afforded by Dr. Atlee's operations, has, after numerous examinations, satisfied himself of the existence, in all innocent forms of ovarian cysts, of what he calls the "ovarian granule cells." These cells, which are very small and of a rounded or oval

shape, are largely supplied with nuclei and nucleoli, and, as they are not present in any other affections or in dropsical fluids, they may be regarded as characteristic. More recently Dr. Foulis, of Edinburgh, and Dr. Knowsley Thornton, of London, have ascertained that malignant ovarian tumors can be distinguished from benign ovarian growths by the presence of groups of large, pear-shaped, round, or oval cells, occupied by granular material with nuclei, nucleoli, vacuoles, or transparent globules. The value of these researches, in which Dr. Drysdale has taken the lead, can not, in a diagnostic point of view, be overestimated, for they clearly indicate the necessity, in every case of doubt, of making a thorough examination of the contents of these classes of tumors before finally deciding upon the propriety of using the knife.

The brilliant success which has attended ovariotomy both in America and in Europe has led to an extension of the whole domain of abdominal surgery, and has emboldened operators to invade other regions of the body until recently regarded as too sacred to be meddled with. Indeed, there would seem to be hardly any longer any forbidden territory. The uterus, the spleen, and the kidneys have of late years been the coveted objects of the surgeon's cupidity. Very lately the gall-bladder has not only been aspirated for the purpose of relieving it of distending fluids, but actually, in several instances, extirpated. Many years ago, during my residence in Kentucky, I received a telegram from a distinguished surgeon of Columbus, Ohio, saying he had

just excised the liver, and that as his patient was progressing favorably he indulged great hope of her recovery. The woman, however, died the next morning, when it was discovered that, instead of the liver, only an ovary had been removed, thus depriving my friend of the glory of being a pioneer in hepatic surgery! Within the last ten years a number of cases of excision of the larynx have been reported, including, in some instances, portions of the tongue and of the esophagus, and yet despite the mutilation some of the survivors, with the aid of an artificial substitute, articulated nearly as well, it would seem, as before the operation. The entire tongue, too, has on a number of occasions—perhaps in not less than forty or fifty cases—been extirpated with, as is alleged, very little impairment of the patient's voice or power of speech. With such inroads, such innovations, on the part of surgery, we need not be surprised if, on waking some morning, we should find the papers filled with accounts of the successful amputation of the head without any serious detriment to the patient's mental faculties, despite the assertion of Mons. Blandin, a French surgeon, that this portion of the body, which he invariably designates as the encephalic extremity, can not be removed during life without stopping respiration and causing other inconveniences which, unhappily, render the operation inadmissible! This language, however, it must not be forgotten, was uttered fifty years ago, when surgery was in a comparatively crude condition, and is therefore hardly applicable at the present day. But,

pleasantry aside, as perhaps unbecoming the occasion, while I have always been a friend to progress, it is evident that there must be limits to the use of the knife. What the fate of some of these operations may be, whether any or all of them will be ultimately admitted into the domain of legitimate surgery, must for the present remain an open question. We are no more justified now in condemning what may seem to us to be an improper operation than physicians were in the days of McDOWELL in condemning ovariotomy. Experience alone can determine how far the knife shall go or shall not go.

What has been called, perhaps oddly enough, *normal ovariotomy*, an operation first performed by Dr. Robert Battey, of Georgia, may be regarded as a natural outgrowth of McDOWELL'S operation, or ordinary ovariotomy, rendered necessary, as is alleged, on account of organic or functional disorder of the ovaries, incurable by ordinary treatment. The results obtained thus far are not very satisfactory, and it is evident that further light is required before we can determine its real merits. Different methods of reaching the faulty structures have been suggested, but there is not one that is wholly free from danger, while that originally practiced by the courageous and ingenious inventor does not always afford sufficient space for the purpose.

The statistics of this operation published in 1878 by Dr. George J. Engelmann, of St. Louis, embracing forty-three cases, show that the risk is very consid-

erably greater than in ordinary ovariotomy, fourteen of the cases terminating fatally, while of the twenty-nine surviving patients nine only, or thirty-one per cent, were cured, and eleven were more or less improved. Many of the operations were not completed on account of the impossibility of extracting the entire ovary.

Dr. Battey, as he informed me only a few days ago, has performed this operation fifteen times with two deaths and thirteen recoveries. Of these thirteen cases four were promptly and entirely cured, nine were benefited, and of those not completely relieved every one had made notable progress during the last twelve months.

In delineating the character of McDowell the question naturally arises, how was he led to perform for the first time in the history of surgery so dangerous an operation? Was it his superior knowledge of abdominal and pelvic diseases, or had he made a special study of them, and thus qualified himself above all other men to become a pioneer in a branch of surgery whose territory had never before been invaded by the knife? Or was it his superior sagacity or his more profound penetration which led him to undertake it? Finally, had the lessons which as a student he imbibed in the lecture-room during his sojourn at Edinburgh any agency in the matter? It must not be forgotten, in discussing this subject, that long before McDowell launched into this then unexplored field of surgery a number of distinguished physicians, in

view of the hopeless character of ovarian diseases, suggested their removal through an opening in the wall of the abdomen. Among others who seriously thought of the matter may be mentioned more especially the names of Schlenker, Willius, Preger, Chambon, and the celebrated William Hunter, the foremost obstetrician of his day in Great Britain. None of these men, however, had the courage to undertake such an operation. Prior to McDOWELL no surgeon had been so bold as to do more than to open occasionally an ovarian cyst and to let out its contents. No one had dared to remove an ovarian tumor of any kind bodily.

In reflecting upon this subject I have always thought that the instruction which McDOWELL had received while attending the lectures of the celebrated Mr. John Bell, of Edinburgh, had mainly paved the way to this undertaking. It is a well-known fact that the young Kentuckian was greatly impressed by the lectures of this great surgeon, who was a man of splendid genius, of high intellectual endowments, an eloquent teacher, and a bold, dashing operator, then in the zenith of his renown. We may well imagine with what pathos such a man, a man of the most ardent temperament and a most accomplished scholar, would describe abdominal surgery, and with what force and emphasis he would dwell upon the hopeless character of ovarian tumors. No man perhaps ever taught surgery to more admiring pupils, or more completely fascinated them by the power of his eloquence. There was, moreover, from all accounts a wonderful magnetism about John Bell,

which drew to him, as with an irresistible charm, every one who came within his presence. Listening to the lectures of such an enthusiast, a kind of Tom Marshall in his way, it is not probable that the young American sat listlessly with closed eyes and ears upon the hard bench of the amphitheater. On the contrary, his attention was all agog. We can see him even now, as it were, with open mouth and protruding head, with his chin resting upon his hands, eagerly drinking in every word as it fell from the lips of this divine son of Æsculapius. The sparks of genius which such a teacher emits kindle a flame in the minds of his pupils which the waters of all the rivers and seas of the earth can not extinguish. That the prelections of this wonderful man exerted a powerful influence in moulding the character of McDowell and in inspiring him with boldness and confidence as an operator is unquestionable. How far they affected his career as an ovariotomist is of course a mere matter of conjecture. The knowledge which he brought home with him, and his warm sympathy for suffering woman, no doubt exercised a powerful effect upon his future life. Besides, he was not unaware of the fact that success had often attended the Cæsarian section, and that persons not unfrequently recovered after severe wounds and other injuries of the abdominal and pelvic viscera. Moreover, it is not improbable that, in reflecting upon the subject, he came to the conclusion, long since universally recognized, that the peritoneum, when chronically diseased, is generally comparatively tolerant of the

rudest manipulation, whereas the slightest exposure of, or interference with, the healthy membrane is sure to be promptly resented, almost invariably, indeed, at the expense of the patient's life. Finally, it must not be forgotten that McDowell was a bold surgeon, and a man of a broad, elevated mind, capable of taking a comprehensive view of any thing that was presented to him. With a heart as tender and gentle as that of a woman, he was not afraid of the sight of blood. For many years he had the field of surgery in Kentucky almost wholly in his own hands. He had not been home long from his foreign residence before patients began to flock to him from all parts of the Southwest, and he found himself immersed in a large surgical practice, demanding the performance not only of the more common but also of many of the more difficult and severe operations. His first case of ovariotomy occurred when he had hardly been twelve years engaged in the practice of his profession. He was about the same age as Valentine Mott when he performed his great feat of tying for the first time the innominate artery; an operation in comparison with that of McDowell of utter insignificance, for of the nineteen or twenty cases in which it has been done only one life has been saved, whereas the other has already restored to health and comfort upwards of two thousand women.

The career of McDowell is so intimately bound up in the great operation already so frequently mentioned that one might suppose nothing of interest remained to be considered. This, however, is far from

being the case. In many respects, indeed, it is replete with incidents. Born in Rockbridge County, Virginia, in 1771, he was brought, when hardly two years old, by his parents to Danville, at a time when Kentucky was literally a wilderness, resounding with the howl of the panther and of the savage and reeking with the blood of its early settlers. The terrible battle fought near Blue Lick Springs, in which Daniel Boone played so conspicuous a part and lost a son, and which proved to be so disastrous to his followers and companions in arms, took place only a short time after this event, and filled the country with pain and sorrow. The frequent wars of which it was the theater gave it a peculiar claim to the title of the "Dark and Bloody Ground," from which it derived its name. At the period in question Kentucky was still a territory, and it was not until after repeated conventions, the last of which was held in this city, that it was finally, in June, 1792, admitted as a state into the Union.

McDowell was of Scotch-Irish parentage, and the ninth of twelve children. His great-grandfather, after whom he was named, was Ephraim McDowell, a brave and courageous man, who, after having done some fighting in the civil wars of Ireland, in the cause of the Covenanters, emigrated, after he was past middle life, to Pennsylvania, which he left in 1737 for Augusta County, Virginia, where he died at a very advanced age shortly before the revolutionary war. From an elaborate genealogical article in the Cincinnati Commercial, January 14, 1879, under the *nom de plume* of Keith, it

appears that the descendants of the Scotch-Irish emigrant have become almost as numerous as the sands upon the sea-shore, and that they represent by their intermarriages many of the most respectable and influential families in Maryland, Virginia, Kentucky, Ohio, Illinois, Indiana, Missouri, and indeed almost in the entire Southwest. If called together they would form, at least numerically, a powerful clan. Besides the great surgeon, who has immortalized the family, many of these people have held important positions, as governors of different states, congressmen, lawyers, judges, divines, physicians, politicians, and army officers. Joseph Nash McDowell, who died only a few years ago, was a nephew of EPHRAIM, a great teacher of anatomy and surgery, and the founder of a medical school at St. Louis. Another nephew, the late Dr. William A. McDowell, of Louisville, occupied a high position as a sagacious and successful physician. The name of Gen. Irvine McDowell, United States Army, is familiar to every American citizen. The father of EPHRAIM was Samuel McDowell, an accomplished gentleman, a member of the Legislature of Virginia, and, after his removal to Danville, a judge of the district court, a position which he held until within a short time of his death. On the mother's side he was descended from the McClungs, a distinguished family of Virginia. The son's early education was obtained at a classical seminary at Georgetown, in his adopted state, under the supervision of Messrs. Worley and James, two accomplished teachers. How long he remained here, or

what progress he made in his studies, I am unable to say, but it is safe to affirm that, although he was fond in after life of literary reading, his primary education was sadly neglected, and that he never surmounted his early deficiencies. He wrote, as has already been stated, with great difficulty, and his only literary contributions are two short articles contained in the Philadelphia Medical Repertory and Analytical Review for 1817 and 1819. His medical education was commenced in the office of an eminent physician, Dr. Humphreys, of Staunton, Virginia, a graduate of the University of Edinburgh. It was doubtless through the influence of his preceptor that the youth determined to go at once to the fountain-head of medical education and learning, as the Scotch metropolis was then very justly regarded. At all events there is no proof to show that he ever attended any lectures in Philadelphia, at that time the only place of resort for the medical student in this country. The University of Edinburgh, of which he was a member in 1793–4, enjoyed a world-wide reputation at this period on account of the learning and ability of its professors, among whom may be mentioned as especially worthy of notice the names of Cullen and Black, two great luminaries, whose fame added luster to the school and attracted pupils from all parts of the civilized world. Not waiting to take a degree, he immediately, upon his return to America, settled at Danville, where, having brought with him the prestige of foreign study, he soon acquired the confidence of the public and rapidly rose to distinction as

a successful practitioner. He particularly distinguished himself as a surgeon and as an expert operator, a position of which he retained undisputed possession until the organization, in 1819, of the medical school at Lexington, when he was gradually eclipsed by his young rival, Dr. Benjamin Winslow Dudley, a gentleman of highly fascinating manners, a popular teacher, and, as all the world knows, a great surgeon.

It is not the design of this address to enter into minute details respecting Dr. McDOWELL's more ordinary surgical achievements. It will subserve my purpose to state that he was an excellent lithotomist, and that he repeatedly performed many of the great operations of surgery. The subject of one of these operations was James K. Polk, afterward President of the United States, at the time a thin, emaciated stripling, fourteen years of age, worn out by disease, uneducated, and without apparent promise of future usefulness or distinction. "As an operator," as Dr. Alban G. Smith, who late in life changed his name to Dr. Goldsmith, and who knew him well, having at one time been his partner, told me, "as an operator he was the best I ever saw in all cases in which he had a rule to guide him;" no slight praise from a man who was himself an expert operator; and yet Dr. Goldsmith seemed to forget that this man did certainly once operate in a case in which he had no rule to guide him, a case which was destined to confer immortality upon his name.

McDOWELL was not only a good operator, but he

possessed all the higher attributes which make up the character of a great surgeon, intense conscientiousness and a scrupulous regard for the welfare of his patients. He never operated merely for the sake of operating. He had always an eye to consequences. For the mere mechanical surgeon he had an immitigable contempt. In speaking of ovariotomy, in answer to some strictures pronounced upon his first three cases, he expresses the hope that no such surgeon will ever attempt it. "It is," he adds, "my most ardent wish that this operation may remain to the mechanical surgeon for ever incomprehensible." He considered the profession of medicine as a high and holy office, and physicians as ministering angels, whose duty it is to relieve human suffering and to glorify God. He had a warm and loving heart, in full sympathy with the world around him. To the poor sick he was particularly kind. He was a loyal and devoted husband, a tender and loving father, an honest, high-toned citizen. In all the relations of life he was a model. Naturally of a lively, social disposition, he enjoyed a good joke or a spicy anecdote, and was the delight of every social entertainment which he honored with his presence. Late in life he devoted much of his leisure to reading and meditation. His favorite medical authors were Sydenham and Cullen; his favorite literary authors, Burns and Scott. During his sojourn in Scotland he passed several months of his vacation in rambling over the country trying to make himself familiar with the nature and habits of the peasantry. In these perambu-

lations he had the society of two of his Kentucky friends, Drs. Brown and Speed, the former of whom became afterward Professor of Medicine in Transylvania University. When the trio reached home some one asked Brown, "What do you think of McDowell?" "Think of him? Why, he went abroad as a gosling and has come back as a goose." It would be well if our country had more of such birds! He had little confidence in the efficacy of medicine, and constantly cautioned his students against the too free use of drugs, saying that they were more of a curse than a blessing. He considered surgery as the most certain branch of the healing art, and spared no means to extend his knowledge of it. He was an excellent anatomist, and it is said that he never performed any serious operation without previously recalling to his mind the structures involved in it. In 1817 the Medical Society of Philadelphia sent him its diploma of membership, and in 1825 the University of Maryland conferred on him the degree of Doctor of Medicine. At the age of thirty-one he married Sallie, daughter of Gov. Isaac Shelby, of Kentucky, by whom he had six children, two sons and four daughters, two of the latter of whom, Mrs. Deadrick, of Tennessee, and Mrs. Anderson, of Paris, Missouri, are still living at an advanced age, the parents of large and highly respectable families. He was nearly six feet in height, with a florid complexion, black eyes, a commanding presence and remarkable muscular powers. As an illustration of his great physical strength, he used to tell

with peculiar glee an anecdote of a circumstance which occurred while he attended medical lectures at Edinburgh. One day, as the story goes, a celebrated Irish footracer, a kind of Mike Fink, arrived, boasting that he could outrun, outhop, and outjump any man in the city, and bantered the whole medical class. McDOWELL was selected as their champion, the distance being sixty feet, the stake ten guineas. The backwoodsman purposely allowed himself to be beaten. A second race for one hundred guineas, at an increased distance, came off soon afterward, and this time the Irishman, after much bullying, was badly worsted, much to his own chagrin and the delight of the students.

Although McDOWELL'S means were not large he was liberal in the bestowal of his charities, and generous to a fault in his dealings with his patients. In 1828, only two years before his death, he united himself with the Episcopal Church, of which he remained a zealous and consistent member. A vein of piety ran through his whole life. As a proof of this fact it may be stated that he always preferred to perform any great operation that he might have on hand on the Sabbath, knowing, as he affirmed, that he would then have the prayers of the church with him. Trinity Church of Danville was the special object of his care; and as an evidence of the interest he felt in it I may mention, what does not seem to be generally known even among your own citizens, that he gave it the lot upon which the present building is situated. Indeed McDOWELL, to use the language of one of your most noble and

accomplished women, was the head and front of its van-guard, which embraced many distinguished names in the past history of this portion of Kentucky. Of Center College he was one of the founders and original trustees.

Such, fellow-citizens of Kentucky, was the character of EPHRAIM MCDOWELL; kind-hearted, benevolent, and just in all his dealings, an excellent citizen, an original thinker, a bold, fearless, but most judicious surgeon, and, above all, a Christian gentleman. Such, citizens of Danville, was your former townsman, whose career has shed so much luster upon his age and country, and who, if he could be in our midst this day, might justly echo the words of the Roman poet, "*Exegi monumentum ære perennius.*"

The latter years of this good man's life were clouded by an attempt made, strange as it may appear, by one of his own nephews and private pupils, to deprive him of his claims as the originator of the operation so frequently mentioned. This circumstance induced him, in 1826, only a few years before his death, to address a printed circular to the physicians and surgeons of the West in vindication of his rights. Without entering into any particulars respecting this matter, I am satisfied, from a careful examination of all the facts connected with it, that the pretensions set up by this gentleman, were, like the "baseless fabric of a vision," without the slightest foundation in truth.

It was not given to MCDOWELL to see the fruit of his labors beyond the limits of his own country; the

seed which he sowed fell upon meagre soil, and was slow in germinating. Now and then, it is true, a blossom shot forth and shed its fragrance upon the air, but fully a quarter of a century elapsed before it ripened into vigorous fruit. No single age has ever witnessed the birth and the maturity of any branch of human knowledge. McDowell lived in advance of his time and of his profession; his boldness, as his contemporaries were inclined to view his conduct, took them by surprise, and shocked their sensibilities; hence, instead of investigating the merits of his operation, as reasonable men should and would have done, they rejected it as the device of a crack-brained man, who deserved to be prosecuted for a violation of the sixth commandment. It was unfortunate for McDowell that he lived at a time when there were no societies for the diffusion of knowledge, and when the means of communicating intelligence were so scanty as they were in the early part of the present century. News at that period of our history, locked up as it always was in the mail-bags of the cumbersome four-wheeled stage-coach, was often stale before it reached its destination. In those days, as well as for a long time afterward, there were no railroads, no steamships, no telegraphs. The world moved at a snail-like pace, or, as it were, upon the back of a tortoise, at the rate of six or eight miles an hour. To publish reports of medical cases or of surgical operations was then, as it is now, unprofessional. Besides, even if such a course had been permissible they would have found their way very tardily

to the public. Journalism was at a low ebb; there were comparatively few newspapers, and newspaper reporters had no existence. Medical news traveled still more slowly than miscellaneous. In 1817, when McDOWELL'S first three cases were reported in the Philadelphia Medical Repertory and Analytical Review, there was, if I mistake not, only one other medical periodical in the United States. Had McDOWELL'S operation been performed in our day the news would have spread far and wide within the first twenty-four hours, and in an almost incredibly short time would have been carried to the utmost limits of civilization. As it was, it was locked up first for eight years in the brain of its originator, and then in an obscure medical journal, and when at length it reached the other side of the Atlantic it met only with ridicule and incredulity.

An account of McDOWELL'S first three cases was, it seems, sent to Dr. Physick, of Philadelphia; but from some cause or other it failed to interest him or to attract his attention. He probably knew little or nothing of the backwoods surgeon, and therefore, it may be, looked upon him as an adventurer unworthy of notice. However this may be, it fared much better in the hands of Dr. James, the amiable Professor of Midwifery in the University of Pennsylvania. This gentleman, deeply impressed with the novelty and importance of the subject, and thoroughly acquainted with the hopeless character of the ordinary treatment of ovarian diseases, read an account of the cases before

his class, and caused it shortly after to be published in the journal already several times referred to, and of which, in fact, he was one of the editors. He, however, failed to make any editorial comments upon the subject, or to defend the operation when assailed by ignorant critics. McDOWELL also sent an abstract of his cases to his old master, Mr. John Bell, but as this gentleman had been for some time absent on the Continent, and not long afterward died at Rome, it never reached him. The paper, however, fell into the hands of one of his pupils, Mr. John Lizars, of Edinburgh, by whom it was published in the Edinburgh Medical and Surgical Journal for 1824. Mr. Lizars, as before stated, was the first to perform McDOWELL'S operation in Great Britain.

In no pursuit of life does history repeat itself more frequently than in affairs relating to human progress, innovation, and discovery. From this occurrence our profession is not exempt. The history of the discovery of the circulation of the blood, one of the most brilliant achievements of the human intellect in the seventeenth century, is a striking instance in point. Of Harvey's contemporaries not one, it is said, over forty years of age accepted his teachings. Many years elapsed before the value of vaccination was fully recognized, and even now an operation which has saved millions of lives has its opponents not alone among the vulgar, but among otherwise highly enlightened people. The use of the stethoscope as a means of diagnosis was long rejected by medical men, and the

speculum, an instrument as old as Herculaneum, reintroduced to the notice of the profession less than fifty years ago by Recamier, of Paris, met with no better fate. Every body knows with what suspicion many physicians regarded the employment of anesthetics, and it is fair to say that much prejudice in regard to the use of this class of remedies still lingers in the public mind. Ignorance, superstition, and prejudice have ever been giants in the path of progress.

The idea of erecting a monument to the memory of Dr. McDOWELL originated with one of the citizens of Danville, the late lamented Dr. John D. Jackson, a gentleman whose death, a few years ago, in the prime of life, threw a whole community into mourning, and whose memory will long be cherished on account of his varied accomplishments as a physician, his lovable character as a man, and the many amiable impulses of his great heart. This idea was in due time communicated to the Kentucky State Medical Society, of which Dr. Jackson was a prominent member, and acted upon through a committee whose duty it became to collect the necessary funds for carrying out the noble design. This committee made known its wishes not only to the profession of this country, but to our brethren in Europe, and also, if I mistake not, to the women who had been the fortunate recipients of the fruits of Dr. McDOWELL'S operation. Finally, in 1875, a stirring appeal was made to the American Medical Association at its annual meeting at Louisville in May of that year. From none of these sources, however,

was any substantial aid derived, and it devolved at last upon the society in which the design originated to furnish nearly the entire sum necessary to carry it into execution.*

While, therefore, the granite shaft which graces yonder cemetery is a just tribute to the memory of a great and good man, whose title to immortality is well founded, let us not forget the part borne in its erection by the Kentucky Medical Society, which had the sagacity to perceive, and the liberality to execute, a design which reflects so much credit upon the medical profession and the State of Kentucky. I feel a just pride when I recall the fact that I was one of the founders of a society which now includes among its members nearly all the medical talent, culture, and refinement of the State, and which has established a reputation for ability, learning, and enterprise not exceeded by any similar association in the United States. Dr. McDOWELL is not the only physician of whom Kentucky has reason to be proud. She furnished the first case of hip-joint amputation on this continent in

*All, in fact, that the American Medical Association did was to pass an empty resolution, leaving, as the illustrious chairman, Dr. J. Marion Sims, expressed it, "to Kentucky the grateful privilege of providing a local monument to the memory of Dr. McDOWELL," and requesting the Association to contribute through its individual members the sum of ten thousand dollars as a fund, to be called the McDowell Memorial Fund," to be devoted to the payment of prizes for the best essays relating to the diseases and surgery of the ovaries. This fund is still unborn, and it is not probable that it will receive any further attention from the Association.

the hands of Dr. Walter Brashear, of Bardstown, of lithotrity in the practice of Dr. Alban G. Smith, of Danville, and the most flattering results in ovariotomy in the hands of Dr. J. Taylor Bradford, of Augusta. The triumphs of Dr. Benjamin W. Dudley in lithotomy established for him an unrivaled reputation in his day as a great operator in calculous affections. Her medical teachers were for a long time, as they still are, among the foremost in the land, and it is but just to say that her practitioners have nowhere any superiors. Kentucky was the first State west of the Allegheny Mountains to establish a medical school and to send forth its first medical graduate in the West. If in statemanship she may boast of a Clay and of a "silver-tongued" Crittenden, whose eloquence enchained admiring audiences, and elicited the applause of the senate chamber; if her bar was long known as one of the most elegant, astute, and learned in the land; if her pulpit was dignified by the piety, erudition, and oratory of her Campbells and her Breckinridges, and is still adorned by her Humphreys, her Robinsons, and other great divines, she has their counterparts in her Caldwell, her Drake, her Dudley, her Miller, her Rogers, her Yandell, her Bush, and other great physicians whose names stand high upon the roll of fame, and who, if they had directed their attention to other pursuits, would have been equally distinguished. These men need no monuments to perpetuate their virtues or their services; their names live in the esteem and affection of their fellow-citizens, engraved in good acts,

designed to relieve human suffering, and to exalt the dignity of human nature.

I stop here for a moment to ask, what is the object of a monument? Is it to glorify the dead or to encourage the living? The boy, as he passes along Charles Street, Baltimore, under the shadow of the Washington monument, pauses to read the inscription upon its entablature: "Erected by the State of Maryland in grateful recognition of the virtues and services of the 'Father of his Country.'" He gazes at the august figure at the top, and discerns in it all the attributes of a great man; he goes home and curiosity impels him to inquire into his character; perhaps he consults his childish history, and there finds that Washington, the grandest subject of all history, was the saviour of his country; like himself, at one time, an obscure youth, but now, long after his death, the idol of the American people. He has learned an important lesson; his ambition is roused; his energies have received a new impulse; in a word, new life has been infused into his soul, and that boy is already the coming man.* The granite shaft which we have this day dedicated to the memory of McDowell is a living biography, designed not merely to commemorate the virtues and services of a great and good man, but to excite the emulation of Kentucky's youths and to urge them on to deeds of valor and of humanity. A country without monuments is a country without civilization.

I can not forbear introducing here the appropriate

and beautiful remarks of an old and distinguished pupil, Dr. David W. Yandell, made upon a recent festive occasion, when contrasting the fame of the statesmen, the orators, and the military men of Kentucky with that of McDowell. "Chief among all these," says my eloquent friend, "is he who bears the mark of our guild, Ephraim McDowell; for the labors of the statesman will give way to the pitiless logic of events, the voice of the orator grow fainter in the coming ages, and the deeds of the soldier eventually find place only in the library of the student of military campaigns, while the achievements of the village surgeon, like the widening waves of the inviolate sea, shall reach the uttermost shores of time, hailed by all civilizations as having lessened the suffering and lengthened the span of human life."

In selecting Danville for the site of the "McDowell Monument" the Kentucky State Medical Society made a happy choice, for it was here that the Father of Ovariotomy encountered and vanquished his early professional struggles; here that he performed his great achievements; here that at the close of a well-spent life he was laid quietly in the grave. When McDowell, after his return from Europe, began the practice of medicine here, Danville contained a mere handful of inhabitants; but he soon identified himself with its prosperity, watching its progress with a jealous eye, and contributing largely by his means and his good sense to make it what it now emphatically is, the Athens of the West, a distinction at one time so justly

conceded to her near neighbor, Lexington. Its institutions of learning have become the foremost in the State. Center College has educated many of Kentucky's greatest citizens. Its theological school has widely disseminated the lessons of Christianity. Its female seminaries have planted the seeds of virtue, piety, and learning in the hearts and minds of her young women. The institution for the education of deaf-mutes was the first of the kind established in the West. Founded in 1823, shortly after those at Hartford, Philadelphia, and New York, it gradually, despite great obstacles, attained under the wise management and fostering care of the late Mr. John A. Jacobs, extending over a period of forty-four years, a degree of reputation not less creditable to the country at large than to his adopted State. His death in 1869 was a public loss, widely deplored.

Nearly forty years have elapsed since I was called to the chair of surgery in the University of Louisville, and responded, along with Professor Drake, at the request of my colleagues, to an invitation issued by the late Dr. William L. Sutton, of Georgetown, to assist in forming a State medical society. The first attempt proved abortive, but another, made under more favorable auspices several years later, was successful, and the society soon assumed important proportions. Of the original members, of whom Dr. Sutton was one of the most zealous and influential, few survive; but it is gratifying to know that the work which they inaugurated has been so nobly pushed forward by their

successors, not a few of whom have achieved a wide and enduring reputation as medical philosophers, clear thinkers, accurate observers, and accomplished and sagacious practitioners. If any evidence were needed of their zeal to advance the interests of medical science and of suffering humanity, it would be found, not in idle talk or vapid boasting, but in hard work and steady and persistent effort, as shown in the transactions of their society and in our periodical literature. Progress of the most laudable character is every where visible in its ranks. Since the period adverted to most of my earlier Kentucky friends in and out of the profession have passed away, while of my earlier colleagues in the University of Louisville not one remains. Drake and Caldwell and Short and Cobb and Miller and Yandell have gone to their last home, to that sleep which knows no waking. Palmer and Rogers, who entered the school at a later day, have also been gathered to their fathers; the one a brilliant anatomical teacher and a genial and intelligent companion; the other for upward of a third of a century Louisville's honored, beloved, and favorite physician, with a heart gentle as a woman's and a countenance benignant as an angel's. Kentucky has a long list of deceased physicians, who have left behind them a rich legacy and an example worthy of the emulation of their successors, whose duty it should be to cherish their memories and to transmit to their descendants the history of their lives.

It would be unjust alike to the occasion as it would

be to my own feelings if I failed to connect with each other and with the great ovariotomist, as with an adamantine chain, the names of those of our surgeons, already several times mentioned, who have been instrumental in reviving this operation in this country, and thus giving it a new impulse. The names which stand most conspicuously upon this honored list are those of the two brothers Atlee, John and Washington, J. Taylor Bradford, Edmund Randolph Peaslee, Gilman Kimball, and Alexander Dunlap. Of these six pioneers in this field of surgery three have passed away, while the other three, John L. Atlee, Gilman Kimball, and Alexander Dunlap, are still spared to us, in a ripe but vigorous old age, to battle with disease and death and to earn additional laurels for themselves and their country.

Of the early life of Dr. J. Taylor Bradford, who died a number of years ago in the prime and vigor of life, I know nothing, although our acquaintance extended over a period of twenty years. He received his medical degree from the University of Louisville during the early part of my connection with that institution, and, settling at Augusta immediately afterward, soon acquired a large and commanding practice, performing many important surgical operations, and earning an enviable reputation as a most successful ovariotomist. Had he reached the age usually alotted to man his cases would probably have been counted by the hundred.

Dr. Washington L. Atlee, who died at his home in

Philadelphia in September, 1878, was, as is his brother John, a native of Lancaster, Pennsylvania, where he was born in February, 1808. After having received an academic education he graduated at the Jefferson Medical College in 1829. Having been fellow-students in the office of Professor George McClellan, the eminent surgeon, and having met with him very frequently after my removal to Philadelphia in 1856, I had excellent opportunities of forming a correct estimate of his character, which no one perhaps appreciated more fully than myself. If his character was not perfect in the true sense of that term it was a model worthy of universal imitation. He had many striking traits of character, with a strong, vigorous mind incased in a strong body, and accomplished a vast deal of work. He performed a much greater number of professional journeys than ever fell to the lot of any American physician. His visits extended into almost every State of the Union and even into a number of our Territories. His power of endurance was gigantic. He often traveled thousands of miles without taking any rest except such as he found upon the swiftly-flying railway train. Not unfrequently he performed two ovariotomy operations on the same day. Such labor could not fail to make serious inroads upon the stoutest frame, and, although the day of reckoning was long put off, it was sure to come at length.

The early professional life of Atlee was spent in earnest practice, enlivened by the study of botany and other branches of natural science, for which he had a

great fondness. Much of his leisure during the first few years was spent among the flowers and grasses of his native county. After his removal, in 1844, to Philadelphia he occupied for eight years the chair of chemistry in what was then known as the Pennsylvania Medical College. His career as an ovariotomist began, as already stated, in 1844 and terminated only with his life. His first case proved fatal. As an operator in his specialty he had no superior on this continent, if indeed any where. Despising display, always so well calculated to entrap the vulgar, he employed the fewest possible instruments and went about his work calmly and deliberately, with the greatest care for the welfare of his patient, which, it is safe to say, no man had ever more at heart. There was no hurry, no parade, no ostentation. I witnessed a number of his operations and was strongly impressed by the simplicity of his movements and the coolness of his manner. Such, in a few words, was his character as an operator. But it must not be inferred that Dr. Atlee was a mere specialist. For many years he enjoyed a large and lucrative general practice, although during the last quarter of a century of his life his business was mainly in the direction of abdominal surgery, in which he achieved an enduring reputation. He wrote largely for the medical press, and late in life published an able and elaborate treatise on the "Diagnosis of Ovarian Tumors," a subject which he invested with new light. His operation for the removal of fibroid growths of the uterus constitutes a new era in surgery, precious alike to

science and to humanity. Like McDowell's operation, Atlee's was received with distrust, and remained unappreciated for upward of a quarter of a century. Time, however, which generally measures things according to their real value, has made a strong verdict in its favor, and it is therefore not surprising that the gynecologists of America and Europe should unite in proclaiming it as one of the greatest achievements of modern surgery. Atlee's own successes should have been quite sufficient to convince any unprejudiced mind of its great value.

Atlee had a strong but tender, sympathizing heart, a well-regulated temper, a high sense of honor, and a clear and well-cultivated mind. Tall and erect in person, he had a commanding presence, blended with the air and graces of the well-bred gentleman. In the sick-room he was cheerful and winning in his manners, with a heart full of kindly feeling for the sufferer. He was the idol of his family, a warm friend, a loyal citizen, a consistent Christian. His last illness, extending over a period of three months, was cruelly severe, but he bore his suffering, which was daily making sad inroads upon his previously robust frame, without a murmur of complaint or impatience. The gradual decay of his body did not impair his intellectual powers, and his mind remained clear to the last. No man, perhaps, ever set his house more perfectly in order than he did; not even the most minute details were overlooked. Impartial history will assign to Washington L. Atlee a high rank in the temple of fame as an original

thinker, an accomplished surgeon and physician, and a benefactor of his race.

Dr. Edmund Randolph Peaslee, whose name, as has been stated, is, like that of Atlee, so honorably associated with the progress of ovariotomy in this country, died in January, 1878, only about eight months before his distinguished Philadelphia *confrère*. Born in New Hampshire in 1814, he was emphatically a many-sided man, of high culture, great refinement, vast industry, and extraordinary professional resources in cases of emergency. With the exception of Nathan Smith, of New Haven, a contemporary of McDowell, I have no recollection of any man who in recent times lectured on so many branches of medical science or filled chairs in so many medical schools. Anatomy and physiology, general pathology, surgery, obstetrics, and gynecology were the diversified themes which from time to time engaged his facile brain as a public teacher. He was also an expert and cautious operator and a most accomplished physician, especially distinguished for his skill as a diagnostician. Besides numerous papers contributed to the periodical press, he was the author of several books; among others an exhaustive treatise on "Ovarian Tumors," published in 1872, a production which, while it greatly enhanced his reputation at home, made his name widely known abroad. Of his operations I have already spoken. The private character of Dr. Peaslee may be best summed up in the beautiful words of his biographer, the Rev. Dr. Bartlett, President of Dartmouth College, who, having

known him long and well, thus speaks of him: "His day," says this accomplished scholar, "is done; his sun is set. But from the scene of its setting there streams up a trailing brightness, as of some perpetual zodiacal light—the shining example of one who, while profound in science, wise in counsel, and excellent in skill, was also sincere in piety, blameless in manhood, true in friendship, genial in intercourse, and whose presence enters the sick-chamber like a sunbeam from heaven streaming into a darkened room. Its mild radiance lingers in hundreds of homes and thousands of hearts. It is a life profitable for young men to contemplate."

Young men of the Kentucky State Medical Society, listen to the voice of one who has grown old in his profession, and who will probably never address you again, as he utters a parting word of advice. The great question of the day is, not this operation or that, not ovariotomy or lithotomy, or a hip-joint amputation, which have reflected so much glory on Kentucky medicine, but is preventive medicine, the hygiene of our persons, our dwellings, our streets; in a word, our surroundings, whatever and wherever they may be, whether in city, town, hamlet, or country, and the establishment of efficient town and state boards of health, through whose agency we shall be the better able to prevent the origin and fatal effects of what are known as the zymotic diseases, which carry so much woe and sorrow into our families, and which often sweep, like a hurricane, over the earth, destroying millions of human

lives in an incredibly short time. The day has arrived when the people must be roused to a deeper and more earnest sense of the people's welfare, and when suitable measures must be adopted for their protection as well as for the better development of their physical, moral, and intellectual powers. This is the great problem of the day, the question which you, as representatives of the rising generation of physicians, should urge, in season and out of season, on the attention of your fellow-citizens; the question which, above all and beyond all others, should engage your most serious thoughts and elicit your most earnest coöperation. When this great, this mighty object shall be attained; when man shall be able to prevent disease and to reach with little or no suffering his three-score years and ten, so graphically described by the Psalmist, then, but not till then, will the world be a paradise, with God, Almighty, All-wise, and All-merciful, in its midst, reflecting the glory of His majesty and power, and holding sweet converse in a thousand tongues with the human family.

ADDRESS OF PROFESSOR SAYRE.

No word from me can add a single laurel to the crown of the immortal McDOWELL, whose history and services to mankind have been so beautifully and truthfully portrayed by the distinguished orator of the evening, the Nestor of American surgery, Prof. Gross. In fact, any remarks from me in my individual capacity would seem almost inappropriate, but in my *official* capacity as President of the American Medical Association it is my duty as well as my pleasure to bring to the monumental shrine the ovations of the entire medical profession of these United States. And, Sir, I venture here the prediction that in all time to come the intelligent surgeons, either in person or in thought, from every part of the civilized globe, will wander here to Danville to pay their respects and sense of obligation to the memory of EPHRAIM McDOWELL, who has contributed more to the alleviation of human suffering and the prolongation of human life than any other member of the medical profession in the nineteenth century. We can scarcely comprehend the greatness of this man's mind, and the truly wonderful genius of McDOWELL, until we stop to consider who he was, what he did, and when and where he did it. A village doctor in the backwoods frontier, surrounded by

Indians and the buffalo, almost beyond the bounds of civilization, with no books to refer to, with no precedent to guide, with no one to consult but his own unaided judgment, with no one to share the responsibility if unsuccessful, unaided and alone assumes the responsibility of removing a disease which up to that time had been considered absolutely incurable. Think for a moment what would have been the result of failure—a coroner's jury, and a verdict of willful murder, which at that time would have been pronounced correct by the entire medical profession throughout the civilized globe. All this he dared and did assume, because his clear intellect had reasoned out his plan of procedure, and his careful dissections had pointed out to him the path to victory. And now every intelligent surgeon in the world is performing the operation as occasion requires, until at the present time, as Dr. Thomas has stated, forty thousand years have already been added to the sum of human life by this one discovery of EPHRAIM MCDOWELL.

Another fact strikes me very forcibly, Mr. President, and that is the heroic character of the woman who permitted this experimental operation to be performed upon her. The women of Kentucky in that period of her early history were heroic and courageous, accustomed to brave the dangers of the tomahawk and scalping-knife, and had more self-reliance and true heroism than is generally found in the more refined society of city life; and hence the courage of Mrs. Crawford, who conscious that death was inevita-

ble from the disease with which she suffered, so soon as this village doctor explained to her his plan of affording her relief, and convinced her judgment that it was feasible, immediately replied, "Doctor, I am ready for the operation; please proceed at once and perform it."

All honor to Mrs. Crawford! Let her name and that of EPHRAIM McDOWELL pass down in history together as the founders of ovariotomy.

Kentucky has many things to boast of in climate, soil, and magnificent forests of oak carpeted with her native bluegrass, far surpassing in beauty and grandeur the most elegantly cultivated parks of England. She is famed for her beautiful and accomplished women; she is renowned for her statesmen, her orators, and her jurists; her Clays, her Johnsons, her Wickliffes, her Crittendens, her Marshalls, her Shelbys, her Prestons, her Breckinridges, and a host of others; but no name will add more to the luster of her fame than the one whose name we this day commemorate by erecting this monument to EPHRAIM McDOWELL, the ovariotomist.

CORRESPONDENCE.

LETTERS FROM DISTINGUISHED GENTLEMEN AND MEMBERS OF THE PROFESSION.

L. S. McMURTRY, M. D., CHAIRMAN McDOWELL MONUMENT COMMITTEE:

My Dear Doctor—With eagerness I accepted, a few weeks since, the invitation of your committee, and anticipated rare pleasure in meeting the many distinguished medical gentlemen whom the occasion and the exercises so wisely planned for the dedication of the monument just erected at Danville to the memory of EPHRAIM McDOWELL would naturally bring together.

The medical profession of the United States, under the auspices of the Kentucky State Medical Society, has honored itself in honoring, by this special mark of gratitude, Kentucky's most eminent surgeon.

The purpose of the meeting — a public and emphatic indorsement by the profession of the country — affirming the claim of originality in the operation of ovariotomy to Dr. McDOWELL, and showing a readiness to recognize and admire superior genius in our ranks, and hold it up for imitation and encouragement, will certainly meet the approbation of every lover of the science of medicine.

For a number of years I enjoyed the rare privilege

of an intimate friendship with Dr. John D. Jackson, of Danville, the originator of the project to have the medical profession of America erect a becoming monument to Kentucky's, yes, to America's great surgeon, Dr. EPHRAIM MCDOWELL, of Danville, Ky., who had the genius to devise and the courage to execute, almost without assistance, the formidable operation of ovariotomy in your town. Well do I remember the enthusiasm of Dr. Jackson when commenting upon this splendid operation, which has added greater security to the life of woman, rendered its originator's name imperishable, elevated the character of medicine every where, and given fame to American surgery throughout the civilized world.

Ovariotomy deserves to rank as one of the four greatest discoveries in the progress of medical science, along with the circulation of the blood, vaccination, and anesthetics.

Besides my enforced absence I have but one regret, which I doubt not is felt by all who may be present with you, which is that Dr. Jackson was not spared to take part in the dedication of this noble and appropriate memento to his townsman, to whose memory and achievements he was so ardently attached.

The work, in its consummation, will, I am confident, as faithfully and imperishably perpetuate the fame of Jackson as it does the name of the noble MCDOWELL, for whom it has been erected.

Thanking you, gentlemen, for your courtesy, and regretting more than I can express my inability to

Edward H. Fox, Danville,

M'DOWELL MONUMENT.
DANVILLE, KENTUCKY.

be present to testify by my presence my appreciation of your commendable and so satisfactorily completed labors, and to have the pleasure of hearing the dedicatory address of the veteran American surgeon, Prof. S. D. Gross, as well as to meet old friends and partake of your hospitality on this occasion,

I am, with sentiments of regard,

Very truly yours,

J. M. TONER, M. D.

WASHINGTON, May 13, 1879.

L. S. MCMURTRY, M. D., CHAIRMAN MCDOWELL MONUMENT COMMITTEE:

Dear Doctor—I have much pleasure in acknowledging receipt of the invitation to attend the memorial occasion in honor of "the Father of Ovariotomy." Unfortunately for me some professional duties here, which can not in any way be postponed, will compel my return home from Atlanta immediately after the adjournment of the American Medical Association.

It is well in the name of American surgery, and in the name of a common philanthropy, that this honor, though tardy, should be paid to the memory and fame of EPHRAIM MCDOWELL.

I can not but think of the fact that the erection of the monument is largely due to the original suggestion and active efforts of one who recently passed away from earth before he had reached the noon of his power and reputation, one who was esteemed and ad-

mired by every physician North, South, East, and West. The monument will tell not only of "the Father of Ovariotomy," but also of John D. Jackson.

I am, dear sir, yours very truly,

THEOPHILUS PARVIN.

INDIANAPOLIS, IND., May 1, 1879.

L. S. McMURTRY, M. D., AND OTHERS OF THE McDOWELL MONUMENT COMMITTEE:

Gentlemen—Your kind invitation to attend the dedication of the McDOWELL monument is just received, for which I beg leave to return my thanks, and the assurance of my sincere regret that I shall be prevented from taking part in the interesting ceremonies.

The occasion is one of extraordinary import, in that it is the first and only instance in the history of the United States that such honors have been paid to the memory of a physician; and secondly, that the virtues which it is proposed to perpetuate in the monument were consecrated to the saving of human life and the mitigation of human suffering. Of the man EPHRAIM McDOWELL we know comparatively little, but of the great original ovariotomist no one at all concerned in the progress of surgery can be ignorant. As a Kentuckian no less than as a surgeon I have always felt the deepest interest in his history, and have sought in his life and surroundings to penetrate to the origin of the great thought, and still greater courage, that gave expression to the thought which, without the

sanction of precedent, and unaided by the advice or sympathy of others, culminated in the institution of an operation by which thousands of women heretofore doomed to early death now live to bless his name.

But who can discover and open the secret door which hides from profane view the sacred laboratory of genius? Or who can trace the footsteps of the inspired discoverer as he works his narrow way out to the confines of human experience, and with purged eye looks into the mysteries which lie beyond? All that we can do is to cheer on with our words of encouragement, and, when the work is done, with willing hands distribute its benefits to those who are in need, never forgetting to pronounce a blessing upon the author. In this spirit of humble reverence I bow my bared head before him whom you this day exalt in the sight of the whole world as one of its greatest benefactors, and proclaim by your act that the highest and noblest ambition of the physician should be the saving of human life. Who is there, since the days of Jenner, who can in this respect compare with the "backwoods surgeon of Kentucky?" I would not derogate in the slightest degree from the deserved honor which belongs to many who have followed their profession with equal zeal and earnestness, and who have added largely to the resources of the healing art, but in the inscrutable wisdom of the Creator of all things it has not been given to any other single laborer in the field of medicine and surgery upon this western hemisphere to confer so great a blessing upon the human race.

All honor to the memory of EPHRAIM McDOWELL, the man of genius, the wise and heroic surgeon, the benefactor of his kind. When the granite shaft which you have erected to signalize what he was, and what he did shall have fallen into decay, his name will still be perpetuated by the many lives saved through his instrumentality.

I am, gentlemen, with great esteem, your obedient servant,

T. G. RICHARDSON.

NEW ORLEANS, May 9, 1879.

L. S. McMURTRY, M. D., CHAIRMAN McDOWELL MONUMENT COMMITTEE:

Dear Sir—I thank you very much for your invitation to attend the meeting connected with the McDOWELL monument, and I deeply regret that I am unable to leave London at present.

It would give me extreme pleasure to be present at so interesting a ceremony, to make the acquaintance of so many of my American professional brethren, and to show my respect to the memory of "the Father of Ovariotomy."

I shall hope in some future year to visit your great country again, and to see the monument you have raised over the grave of McDOWELL.

Very sincerely,

T. SPENCER WELLS.

3 UPPER GROSVENOR STREET, LONDON W., April 24, 1879.

L. S. McMURTRY, M. D., CHAIRMAN McDOWELL MONUMENT COMMITTEE:

Dear Sir—I regret that it is not in my power to renew the pleasure of a former visit to Kentucky and take part in the exercises at the dedication of the McDOWELL monument, at least so far as to be a sympathetic listener to all the eloquence which the occasion will call forth.

I feel a personal interest in the surgical conquest which is to be commemorated in addition to that which all the world recognizes. Among the births of the century this is a twin with myself. Dr. McDOWELL's first operation dates from the same year as that in which I first inhaled the slow poison that envelops our planet, the effects of which I have so long survived. I thank God that the other twin will long outlive me and my memory, carrying the light of life into the shadows of impending doom, the message of hope into the dark realm of despair; opening the prison to them that are bound and giving them beauty for ashes, the beauty of a new-born existence even, it may be, as I have but recently seen it, of youthful and happy maternity in place of the ashes for which the inevitable urn seemed already waiting.

I am glad that this great achievement is to be thus publicly claimed for American surgery. Our trans-Atlantic cousins have a microphone which enables them to hear the lightest footsteps of their own discoverers and inventors, but they need a telephone with an ear-trumpet at their end of it to make them

hear any thing of that sort from our side of the water. There is another kind of trumpet they do not always find themselves unprovided with, as those who remember Sir James Simpson's astonishing article, "Chloroform," in the eighth edition of the Encyclopœdia Britannica, decently omitted and ignored in the ninth edition of the same work, do not need to be reminded.

If there was any one who could dispute Dr. McDowell's claim to be called "the Father of Ovariotomy" it would have been our own Dr. Nathan Smith—our own and *your* own too, for he also was born and lived and died on the sunset side of the Atlantic, and within the starry circle which holds us all. Dr. Smith performed the operation of ovariotomy with success early in the century, but unfortunately there is no record, so far as I know, of the exact date. I allude to this fact not to invalidate Dr. McDowell's claim, for an undated case can not do it, but to couple with his name as at least next in priority that of another native American practitioner worthy of companionship with the greatest and the best.

A single thought occurs to me which may help to give this occasion something more than professional significance. Although our political independence of the mother country has been long achieved, our scientific and literary independence has been of much slower growth.

And as we read the inscription on this monument, let us gratefully remember that every bold, forward stride like this grand triumph of American science,

skill, and moral courage, tends to bring us out of the present period of tutelage and imitation into that brotherhood and self-reliance which should belong to a people no longer a colony or a province, but a mighty nation. I am, dear sir,

Yours very truly,

OLIVER WENDELL HOLMES.

BOSTON, May 9, 1879.

L. S. McMURTRY, M. D., CHAIRMAN McDOWELL MONUMENT COMMITTEE:

My Dear Sir—It is with extreme regret that I find myself prevented from accepting your kind invitation to take part in the dedication of the monument to the "Father of Ovariotomy." Although absent in body let me assure you that I shall be present in spirit.

Kentucky cherishes the memory of many noble sons, but nowhere in her annals can she point to a name more deserving of her pride than that which adorns the monument erected to commemorate McDOWELL's glory.

Others have given her the proud records of the warrior, the statesman, the philosopher, and the philanthropist. McDOWELL, favored by God above other men, has already bestowed upon humanity more than forty thousand years of active life, and insured for the future results which will surely dwarf those of the past.

The noble tribute which you erect in his honor will last long, but it will crumble into dust and be scat-

tered abroad by the winds, while his memory will continue to live green and vigorous in the hearts of a grateful posterity.

With sentiments of sincere regard,

I am, dear sir,

Very truly yours,

T. GAILLARD THOMAS.

294 FIFTH AVENUE, N. Y., May 1, 1879.

PRESENTATION ADDRESS.

REMARKS MADE BY PROFESSOR RICHARD O. COWLING, M.D., OF LOUISVILLE, KY., IN PRESENTING THE DOOR-KNOCKER OF DR. MCDOWELL TO DR. GROSS.

Dr. Gross—The Kentucky State Medical Society thanks you for the beautiful oration you have just delivered on EPHRAIM MCDOWELL. Surely hereafter, when history shall recall his deeds and dwell upon his memory, it will relate how, when he was fifty years at rest, the greatest of living surgeons in America came upon a pilgrimage of a thousand miles to pronounce at his shrine the noble words you have spoken.

The society does not wish that you should return to your home without some memento of the occasion which brought you here, and which shall tell you also of the admiration, the respect, and the affection it ever bears for you.

I have been appointed to deliver to you this simple gift, with the trust and the belief that it will always pleasantly recall this time and be a token of our feelings toward you. We wished to give you something directly connected with MCDOWELL, and it occurred to us that this memento of the dead surgeon would be

most appropriate. It is only the knocker which hung upon his door, but it carries much meaning with it.

The sweetest memories of our lives are woven about our domestic emblems. The hearthstone around which we have gathered, the chair in which our loved ones have sat, the cup their lips have kissed, the lute their hands have swept—what jewels can replace their value? Do you remember the enchantment that Douglas Jerrold wove about a hat-peg? How at the christening of the child they gave it great gifts of diamonds and pearls and laces; and when the fairy godmother came, and they expected that she would eclipse them all with the magnificence of her dowry, how she gave it simply a hat-peg? They wondered what good could come of that. The boy grew to be a man. In wild pursuits his riches were wasted, and at last he came home and hung his hat upon that peg. And while the goodman's hat was hanging there peace and plenty and order and affection sprang up in his home, and the hat-peg was indeed the talisman of his life.

I would that the magician's wand were granted me a while to weave a fitting legend around this door-knocker, which comes from McDowell to you, Dr. Gross. There is much in the emblem. No one knows better than you how good and how great was the man of whom it speaks. It will tell of many summons upon mercy's mission which did not sound in vain. Ofttimes has it roused to action one whose deeds have filled the world with fame. A sentinel, it stood at the doorway of a happy and an honorable home, whose master, as

he had bravely answered its signals to duty here below, so when the greater summons came, as trustfully answered that, and laid down a stainless life.

It belongs by right to you, Dr. Gross. This household genius passes most fittingly from the dearest of Kentucky's dead surgeons to the most beloved of her living sons in medicine. She will ever claim you as her son, and will look with jealous eye upon those who would wean you from her dear affection.

And as this emblem which now is given to you hangs no longer in a Kentucky doorway, by this token you shall know that all Kentucky doorways are open at your approach. By the relief your skill has wrought; by the griefs your great heart has healed; by the sunshine you have thrown across her thresholds; by the honor your fame has brought her; by the fountains of your wisdom at which your loving children within her borders have drunk, the people of Kentucky shall ever open to you their hearts and homes.

DR. GROSS'S REPLY.

I am much overcome, gentlemen of the Kentucky State Medical Society, by this mark of your approbation. I am not the great man your speaker has declared me to be, but I gratefully appreciate the feelings that have prompted his words. I claim to be but an earnest follower of surgery, who during a period which has now extended beyond half a century, has striven to the best of his ability to grasp its truths and to extend the beneficence of its offices. I am not to be placed by the side of McDowell, for what I may have done in our art; but if this reward be a measure of the appreciation I hold of the good-will of the people in this Commonwealth, I may claim it for that.

The years of my life which I passed in Kentucky represent the most important era in my career. They witnessed many of its struggles and much of the fruition of its hopes. To the warm hearts of the many friends it was my good fortune to secure within these borders do I owe it that those struggles were cheered and rewards beyond my deserts were secured.

I take this emblem now offered me as the most valued gift of my life. It shall be received into my

home as a household god, environed by all the memories of goodness and greatness to which your speaker has referred, and above all recalling this scene. Dying I shall bequeath it, among my most important possessions, to the family that I may leave, or in failure of that, to be preserved in the archives of some society.

I thank you again, gentlemen, and I wish I were able to tell you better how much I thank you.